PROFILE OF CLIENTS ADMITTED TO ST. LOUIS ALCOHOLISM REHABILITATION CENTRE FOR THE PERIOD APRIL 1/81 - MARCH 31/82

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with acknowledgment to

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SUMMARY

This report presents a statistical profile of 476 clients admitted to the St. Louis Alcoholism Rehabilitation Centre during the 1981-82 fiscal year. The profile consists of socio-demographic information, legal history, treatment background and use of alcohol and other drugs. The vast majority of clients (93.1%) were male. Fifty-three percent were under thirty years of age with the average being 31 years. In terms of ethnic background, 54.8% were non-Native and 44.6% were of Native ancestry. The unemployment rate among clients was 37.8%. Most of the clients had not completed high school and were from a blue collar occupational background.

Of those tested, the average BAL was .20 with 47.1% of clients with BAL readings above that level. Thirty-six percent of clients reported that they had been convicted for other types of offences concurrent with their most recent conviction for impaired driving. Over a two-year period prior to treatment, 47.5% of clients had been arrested for driving while disqualified and 40.1% for Liquor Act offences. Over this same period, 62.8% of clients reported spending time in jail with an average incarceration of 52 days.

The vast majority of clients (95.2%) reported that they had drunk to excess prior to treatment and this was associated with loss of control, blackouts and tremors - symptoms typically associated with alcohol dependency. Thirty-six percent of clients also reported that they had used cannabis during the six months prior to treatment at St. Louis.

The report also presents some follow-up information on 326 clients obtained six months after discharge from St. Louis. This information is not conclusive about the impact of the Impaired Driver Treatment Program but it does provide some indication about client drinking and driving over the short term.

Within the six month follow-up period, 3.1% of clients reported that they had been convicted for impaired driving. Four percent reported that they had been arrested for driving while disqualified and 2.8% for Liquor Act offences.

In terms of drinking, 30.4% reported continuous abstinence since discharge, 31.0% did not report their drinking status, and 38.6% reported having at least one drink. Among drinkers, both frequency and volume of alcohol consumed was lower at follow-up than prior to treatment. The percentage of daily or weekly drinkers dropped by half from 82.8% prior to treatment to 39.4% of drinkers at follow-up. During the six month follow-up period, 20.9% of all clients (and 54% of drinking clients) reported drinking to excess.

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	FINDINGS	2
	A. Client Profile	2
	B. Six Month Follow-up Information	9
III.	DISCUSSION	12
IV.	APPENDIX (TABLES)	15

I. INTRODUCTION

The Impaired Driver Treatment Program (I.D.T.P.) provides a treatment option for persons convicted of a second or subsequent impaired driving offence and who are under sentence of imprisonment. There are three inter-related components of the I.D.T.P. Program: assessment and referral, treatment and follow-up.

Preliminary screening and referrals are provided to the courts by personnel from the Corrections Division, Provincial Department of Justice. Pre-sentence reports are prepared to advise the courts as to the suitability of an offender for treatment. For those amenable to treatment, a sentence is imposed by the courts with a recommendation to the Corrections Division that the offender be transferred to the St. Louis Rehabilitation Centre. Accordingly, the Corrections Division has responsibility for making all the referrals to St. Louis by way of transfer warrants.

The treatment component of I.D.T.P. is provided at the St. Louis Alcoholism Rehabilitation Centre located at St. Louis, Saskatchewan. This thirty bed facility provides an intensive fourteen day program aimed at assisting and contributing to the on-going recovery from problems related to alcohol and/or other drugs. The program addresses the physical, psychological, social and spiritual needs of clients. Upon admission, an assessment is undertaken to determine individual needs and to develop an appropriate treatment plan. An important aspect of the program is both individual and group counselling. This is complemented by education and information on alcohol and other drugs.

Follow-up services are provided by the Saskatchewan Alcoholism Commission to clients and their families for a period of six months following discharge from St. Louis

during which all clients are on probation or parole. These services are initiated prior to discharge from St. Louis in order to assist and facilitate the clients' transition into the community. Commission staff also develop a recovery plan with clients in accordance with the order of probation. Over the six months probation period, Commission staff make numerous contacts with clients, extending counselling and other kinds of support and assistance as part of the continuum of care. The Alcoholism Commission also provides administrative and research support to the I.D.T.P.

II. FINDINGS

The following is a statistical profile of 476 clients admitted to the St. Louis Alcoholism Rehabilitation Centre during the 1981-82 fiscal year. The profile is based on information collected from the Impaired Driver Treatment Program Individualized Assessment Forms. It consists of socio-demographic information, legal history, treatment background and the use of alcohol and other drugs.

In addition, the report presents some follow-up information on 326 of these clients obtained six months after discharge from St. Louis. While not conclusive about the impact of the Impaired Driver Treatment Program, the follow-up data is intended to provide some indication about client drinking and driving behaviour over the short term.

A. CLIENT PROFILE

The following section of the report provides a profile of clients based on information obtained during treatment at the St. Louis Centre.

Month of Admission to Treatment. During 1981-82, there were 476 admissions to St. Louis which averaged out to 40 admissions per month. This represents a 19% increase over the number of

admissions to the Centre from the previous fiscal year. In terms of admission month, there was no clear pattern in the number of admissions from one month to the next. However, a seasonal grouping of months found the fall (September, October and November) as having the highest proportion (30.5%) of admissions. See Appendix, Table 1.

Age. The average age of St. Louis clients was 31 years. The 20-29 age group accounted for 43.9% of the clients with an additional 9.5% under 20 years of age. In total, 53.4% of the treatment population was under thirty. Twenty-eight percent of clients were between the ages of 30 and 39 years, and 15.6% between the ages of 40 and 59 years. Three percent were sixty years and older. See Appendix, Table 2.

Sex. The vast majority (93.1%) of clients were male, whereas seven percent were female. Males outnumber female clients in a ratio of 13 to 1. See Appendix, Table 3.

Ethnic Background. Slightly over half (54.8%) the treatment population were non-Native, with people of Indian and Metis backgrounds accounting for 35.1% and 9.5%, respectively. In total, 44.6% of clients were of Native ancestry. People of Native ancestry were over-represented at St. Louis since less than fifteen percent of the Saskatchewan population are Native. See Appendix, Table 4.

Residence. Sixty percent of the clients lived outside the province's cities: towns/villages with 33.0% and rural areas with 26.9% of the clients. Thirty-nine percent resided in cities. See Appendix, Table 5.

Health Region. Clients from the Saskatoon Health Region accounted for 19.3% of the treatment population. The next highest proportion of clients came from Prince Albert (18.9%) and North Battleford (15.3%). In total, clients from the Saskatoon, Prince Albert and North Battleford Health Regions accounted for 53.5% of admissions and are therefore over-represented at St. Louis since 36.0% of the adult population in Saskatchewan live in those health regions. Excluding D.N.S., Health Regions with the lowest referral rates were Rosetown, Swift Current and Weyburn: they accounted for 8.3% of the clients. See Appendix, Table 6.

Marital Status. Nearly half (46.0%) of the clients were married or living common law. Thirty-nine percent were single and 11.3% were separated/divorced. See Appendix, Table 7.

Education. The vast majority (86.1%) of clients had received less than a grade twelve education. Ten percent graduated from high school and 2.1% received a post secondary education. See Appendix, Table 8.

Occupation. In terms of occupation, clients were predominantly blue collar with 50.0% as unskilled labourers and 27.3% as skilled labourers and tradesmen. In total, 77.3% were blue collar. Farmers accounted for 7.1% of clients. Four percent of the treatment population were white collar workers (professional/managerial and clerical/sales groupings). See Appendix, Table 9.

Employment Status. The unemployment rate among St. Louis clients was 37.8%. This was considerably higher than the provincial unemployment rate of less than seven percent

for that time period. Fifty-five percent of the clients were employed. See Appendix, Table 10.

Income. The average annual income for clients was $13,000. Fifty-three percent had an income of $10,000 or less while 33.0% fell into the $10,001 - $20,000 range. Fourteen percent reported an annual income over $20,000. See Appendix, Table 11.

Financial Status. Half the clients claimed to have a "fair" financial position. A "good" and "poor" financial status was reported by 19.5% and 28.3% respectively. See Appendix, Table 12.

Address Changes in Past Year. The majority (63.4%) of clients had not changed their place of residence over the previous yearly period. Thirty-seven percent had moved at least once with the average being two moves during the year. See Appendix, Table 13.

Job Changes in Past Year. Sixty-two percent indicated no change in job status over preceding year (stayed in same job or remained unemployed). Of the 37.6% of clients who reported a change in job status, the average was 2 job changes during the year. See Appendix, Table 14.

Areas of Functioning. The majority of clients indicated a "good" response in the areas of physical health (72.1%), family relationships (53.0%), and in relationship with others (69.1%). Emotional well-being was reported to be "fair" by 58.0% of clients. A "poor" level of involvement in the community was reported by 72.3% of the treatment population. See Appendix, Table 15.

Type of Impaired Driving Conviction. The most common type of impaired driving conviction among St. Louis clients was exceeding .08 BAL (Section 236 of the Criminal Code). This type of conviction was reported by 80.3% of the treatment population. Eleven percent had been convicted of "impaired driving" (Section 234) and 5.7% for refusing the breathalyzer test (Section 235). See Appendix, Table 16.

Blood Alcohol Level. Slightly over half (52.9%) of the treatment population registered a blood alcohol level under .20. Forty-two percent had a BAL in the .20 - .29 range and 4.5% had reading of .30 and over. Of those tested, the average BAL was .20. See Appendix, Table 17.

Probation Order for Follow-up. Seventy-one percent of St. Louis clients had a probation order for follow-up, whereas 27.9% had no such order during 1981-82. See Appendix, Table 18.

Concurrent Convictions. Thirty-six percent of the clients had been convicted for other types of offences concurrent with their conviction for impaired driving. No concurrent convictions were reported by 61.8% of the clients. See Appendix, Table 19.

Impaired Driving Convictions. The majority (86.4%) of St. Louis clients reported having been convicted two or more times for impaired driving in the preceding two year period. For these repeat offenders, the average number of convictions was two. Twelve percent of clients reported one conviction but most of these cases involved clients not reporting their most recent impaired driving conviction which led to treatment at St. Louis. Thus virtually all clients were convicted repeat offenders. See Appendix, Table 20.

Other Types of Offences. Arrests for other types of offences over the preceding two years were also examined. In this regard, the most reported offences involved driving while disqualified (47.5% of clients) and Liquor Act/Liquor Licensing Act offences (40.1%) of clients. Among offenders, the average number of arrests for these offences was two and three respectively. It should be noted that some clients had been arrested for more than one type of offence over the two year period. See Appendix, Table 21.

Days Spent In Jail. Thirty-seven percent of the client population did not report spending any time in jail during the previous two year period. The largest proportion (39.3%) had less than one month in jail. Twelve percent reported a 1 to 3 month period of incarceration and 11.6% spent over three months in jail. The average incarceration period for all offences during the previous two years was 52 days. See Appendix, Table 22.

Previous Alcoholism Treatment. Two thirds of the St. Louis Centre clients indicated that they had not been previously admitted to any other alcoholism treatment program. Of the 32.4% with previous treatment experience, the average number of admissions was two. See Appendix, Table 23.

Previous A.A. Attendance. The majority (65.8%) of clients reported no previous attendance at A.A. meetings in past six months. Of the 34.0% having attended A.A., the average number of meetings was eight. See Appendix, Table 24.

Drinking Status. Slightly over half (55.0%) the treatment population reported having consumed alcohol in the last thirty days. Thirty-seven percent reported abstinence for that period. See Appendix, Table 25.

Beverage of Choice. The majority (68.1%) of the treatment population reported beer as their beverage of choice. This was followed by spirits (27.1% of clients) and wine (3.8% of clients). See Appendix, Table 26.

Typical Frequency of Drinking. Forty-one percent of clients indicated that they typically drank on weekends. Thirty-eight percent reported a more frequent pattern of drinking: 18.7% drank daily and 19.3% drank 3 - 4 days per week. Less frequent drinking patterns were reported by 19.4% of the treatment population. See Appendix, Table 27.

Volume Consumption Patterns. Weekly drinkers accounted for 43.1% of the treatment population and they averaged 35 drinks per week. Daily drinkers, 39.5% of clients, averaged 17 drinks per day. The balance of clients (16.0%) were classified as monthly drinkers or occasional drinkers. See Appendix, Table 28.

Times of Excessive Drinking. The vast majority (95.2%) of clients reported having drunk to excess during the preceding six month period. Their average number of excessive drinking events was 30 times. Five percent reported not drinking to excess during this period. See Appendix, Table 29.

Effects of Drinking. The majority of clients reported having experienced symptoms associated with alcohol dependency during the preceding six months. Most common symptoms involved loss of control and blackouts which were reported by 86.8% and 72.7% of clients respectively. Fifty-three percent had experienced tremors and 45.8% reported drinking in the mornings. Twenty-four percent indicated that they

usually drank alone. It should be noted that clients often reported more than one effect from drinking. See Appendix, Table 30.

Other Drugs Taken. Among St. Louis clients, the most commonly reported used drug other than alcohol in the previous six months was marijuana/hashish. Thirty-six percent reported use of cannabis. The next most reported type of drugs involved analgesics/narcotics which were used by 16.2% of clients. This was followed by sedatives/hypnotics and tranquilizers used by 10.9% and 8.8% of clients, respectively. See Appendix, Table 31.

Disposition of Case. Virtually all clients (99.2%) completed treatment at St. Louis. Only one client was discharged from the program prematurely on an involuntary basis. See Appendix, Table 32.

B. SIX MONTH FOLLOW-UP INFORMATION

Follow-up information was obtained on 326 out of the 476 clients admitted to St. Louis during the 1981-82 fiscal year. Follow-up contact was made with clients at six months following their discharge from the Centre. Personal interviews complemented by telephone calls and letters were used to secure the information.

Due to incomplete information on various social adjustment questions, this follow-up information will not be presented in the report. However, client drinking and driving behaviour will be addressed. In this regard, information obtained on the 326 clients at follow-up was compared to their intake information while attending St. Louis.

Impaired Driving Convictions. It was found that 3.1% of the St. Louis clients had been convicted for impaired driving within the six month follow-up period. This finding cannot be attributed solely to the impact of the Impaired Driver Treatment Program since virtually all the clients had also lost their drivers' licenses over the same period. The extent to which such a loss of driving privileges modified or deterred driving (and drinking) habits among the follow-up clients is unknown. Nor does the conviction rate include those clients who may have been charged with impaired driving but whose conviction for the offence did not occur until after the six month follow-up period. See Appendix, Table 33.

Other Offences. The arrest rate for various other offences was lower at follow-up than for the period prior to admission to the St. Louis Rehabilitation Centre. During the six months follow-up period, there was one reported arrest for hit and run and none for dangerous driving. The difference was most pronounced for driving while disqualified which was reported by 47.2% of clients in the pre-treatment period compared to 4.3% of the same clients for the follow-up period. The results are due in part to the fact that the follow-up period (6 months) is shorter than the pre-treatment period (24 months). Furthermore, the two time periods do not lend themselves to comparison because all the clients had their licenses suspended for at least the full length of follow-up whereas not all clients had their licenses suspended for any length of time in the pre-treatment period.

The arrest rate was also lower for such non-driving offences as assault, theft and Liquor Act/Liquor Licensing Act offences. In the latter case, the arrest rate was 41.1% prior to admission to St. Louis and 2.8% during the follow-up period. In these non-driving offences, the loss of driving privileges would be less of a factor in outcome than in the

case of impaired driving, dangerous driving, and hit and run offences. See Appendix, Table 34.

Drinking Status. Thirty-nine percent of the St. Louis clients reported having a drink during the six month follow-up period. Continuous abstinence was reported by 30.4% and drinking status was not reported by 31.0% of the clients. Of clients reporting their drinking status, the six month abstinence rate was 44%. See Appendix, Table 35.

Consumption Patterns. Among drinkers, both the frequency and volume of alcohol consumed was lower following discharge from St. Louis. The proportion of daily drinkers dropped from 42.8% prior to treatment to 11.5% at follow-up as did the average number of drinks per day: from 16 to 7. Similarly there was a reduction among weekly drinkers both in proportion (40.0% to 27.9%) and in average number of drinks (35 to 19 drinks per week). On the other hand, there was an increase in less frequent drinking patterns. Prior to admission, monthly and occasional drinkers accounted for 17.2% of drinkers whereas at follow-up they accounted for 60.6% of drinkers. However, the average number of drinks was lower for both monthly and occasional drinkers. See Appendix, Table 36.

Times of Excessive Drinking. Prior to admission to St. Louis, 96.3% of the clients indicated that they had drunk to excess. During the six month follow-up period, 20.9% of all clients (and 54% of drinking clients) reported drinking to excess. There was also a reduction in the average number of excessive drinking events (from 27 to 7). See Appendix, Table 37.

III. DISCUSSION

Impaired driving is an increasing problem of major significance in Saskatchewan. Over the past ten years, convictions for the offence increased by 68%: from 5,945 in 1972 to 9,971 in 1982. However, not all impaired drivers are apprehended for the offence. According to a 1981 survey conducted in the province, one out of every seven night-time drivers had been drinking, many of whom were impaired. During that same year, there were 4,094 drinking drivers in traffic accidents.

The client profile presented in this report is based on only those repeat offenders referred to treatment and is therefore not necessarily representative of impaired drivers in general. It is clear that not all socio-economic and ethnic groups are equally at risk of being apprehended and referred to St. Louis as part of the Impaired Driver Treatment Program (I.D.T.P.). According to the profile, there was an over-representation of men, young people, Natives, blue collar occupations and the unemployed at St. Louis, compared to the general population. This should not be interpreted to mean that other people do not experience alcohol related problems or drive while impaired. Rather, there may be a greater propensity for many of them to be at less risk of apprehension for the offence or to separate drinking from driving.

The penalties proscribed under the Criminal Code serve as a general deterrence for impaired driving. The deterrent effect is intensified through increased enforcement or creating the perception of increased enforcement and random spot checks. While deterrence may have an impact on the general driving population, its effect on the type of clients in I.D.T.P. is suspect. These repeat offenders continued to drive despite, previous penalties and loss of driving previleges.

According to the St. Louis client profile, most of the repeat offenders experienced alcohol disabilities and dependencies prior to treatment. This was evidenced by the majority of clients having experienced loss of control, blackouts and other symptoms typically associated with alcohol dependency. Furthermore, clients appeared to have developed a high tolerance level for alcohol given the fact that half of them had a BAL above .20. Clearly, St. Louis clients do not represent the driver who had "just one drink too many" given the high level of impairment. A major objective of I.D.T.P. is to address these underlying alcohol problems as the means of deterring impaired driving behaviour. This objective can be realized through a continuum of care involving assessment and referral, treatment and aftercare. These components are inter-related as rehabilitation is a process which extends into the community and involves family members in addition to the clients.

Although important, I.D.T.P. is but one response aimed at counteracting impaired driving. It is not realistic to expect this program to have a measurable impact on the overall incidence of impaired driving or upon convictions for the offence which numbered nearly ten thousand in 1982. Rather the success of I.D.T.P. rests ultimately upon its impact on just those clients admitted to the program.

On the basis of reported information, there appears to be an improvement in terms of client drinking and driving behaviour during the six month following discharge from St. Louis. During this period, only 3.1% of clients reported an impaired driving conviction. Clients also reported relatively few arrests for driving while disqualified, Liquor Act and other offences during follow-up compared to a more extensive pattern of arrests prior to treatment. Among drinkers, both frequency and volume of alcohol consumed was lower at follow-up than in the pre-treatment period.

While the program appears to have a positive effect over a short term, the long term impact remains to be determined. In the alcoholism treatment field, the effectiveness of programs tend to diminish over time, especially after the first year. It is therefore premature to assume that the reported drinking and driving behaviour of I.D.T.P. clients at six months would remain the same beyond that period. A longer term evaluation is required to address that issue.

IV. APPENDIX

TABLE 1

MONTH OF ADMISSION TO TREATMENT

	Frequency	Percent
January, 1982	47	9.9
February	36	7.6
March	40	8.4
April, 1981	28	5.9
May	48	10.1
June	44	9.2
July	36	7.6
August	23	4.8
September	33	6.9
October	55	11.6
November	57	12.0
December	29	6.1
Not Stated	--	--
Total	476	100.0

TABLE 2

AGE

	Frequency	Percent
Under 20	45	9.5
20-29	209	43.9
30-39	132	27.7
40-49	49	10.3
50-59	25	5.3
60+	13	2.7
Not Stated	3	0.6
Total	476	100.0

$\bar{X}$ = 31 years

TABLE 3

SEX

	Frequency	Percent
Male	443	93.1
Female	33	6.9
Not Stated	-	-
Total	476	100.0

TABLE 4

ETHNIC BACKGROUND

	Frequency	Percent
Indian	167	35.1
Metis	45	9.5
Non-Native	261	54.8
Not Stated	3	0.6
Total	476	100.0

TABLE 5

CURRENT RESIDENCE

	Frequency	Percent
City	184	38.7
Town/Village	157	33.0
Rural	128	26.9
Not Stated	7	1.5
Total	476	100.0

TABLE 6

HEALTH REGION

	Frequency	Percent
Swift Current	13	2.7
Moose Jaw	40	8.4
Weyburn	23	4.8
Regina	53	11.1
Yorkton	25	5.3
Saskatoon	92	19.3
Rosetown	4	0.8
North Battleford	73	15.3
Prince Albert	90	18.9
Melfort	51	10.7
D.N.S	4	0.8
Out-of-Province	3	0.6
Not Stated	5	1.1
Total	476	100.0

TABLE 7

MARITAL STATUS

	Frequency	Percent
Married/Commonlaw	219	46.0
Single	187	39.3
Separated/Divorced	54	11.3
Widowed	8	1.7
Not Stated	8	1.7
Total	476	100.0

TABLE 8

EDUCATION

	Frequency	Percent
Grade 1-8	180	37.8
Grade 9-11	230	48.3
Grade 12	47	9.9
University	7	1.5
Business or technical	3	0.6
Not Stated	9	1.9
Total	476	100.0

TABLE 9

OCCUPATION

	Frequency	Percent
Professional/Managerial	13	2.7
Clerical/Sales	5	1.1
Skilled Labourer/Trades	130	27.3
Unskilled Labourer	238	50.0
Farmer	34	7.1
Student	5	1.1
Housewife	22	4.6
Other	26	5.5
Not Stated	3	0.6
Total	476	100.0

TABLE 10

EMPLOYMENT STATUS

	Frequency	Percent
Employed	260	54.6
Unemployed	180	37.8
Not applicable	35	7.4
Not Stated	1	0.2
Total	476	100.0

TABLE 11

INCOME

	Frequency	Percent
$10,000 and under	252	52.9
$10,001 - 20,000	157	33.0
$20,001 - 30,000	45	9.5
Over $30,000	22	4.6
Not Stated	--	--
Total	476	100.0

TABLE 12

FINANCIAL STATUS

	Frequency	Percent
Good	93	19.5
Fair	241	50.6
Poor	135	28.3
Not Stated	7	1.5
Total	476	100.0

TABLE 13

ADDRESS CHANGES IN PAST YEAR

	Frequency	Percent
No change	302	63.4
1 change	92	19.3
2 or more changes	82	17.2
Not Stated	--	--
Total	476	100.0

TABLE 14

JOB CHANGES DURING PAST YEAR

	Frequency	Percent
No change	297	62.4
1 change	98	20.6
2 or more changes	81	17.0
Not Stated	--	--
Total	476	100.0

TABLE 15

AREAS OF FUNCTIONING

	Good		Fair		Poor		Not Stated		Total	
	Freq.	%	Freq	%	Freq	%	Freq.	%	Freq.	%
Physical Health	343	72.1	109	22.9	24	5.0	-	-	476	100.0
Emotional well-being	25	5.3	276	58.0	174	36.6	1	0.2	476	100.0
Relationship with family	252	53.0	175	36.8	46	9.7	3	0.6	476	100.0
Relationship with others	329	69.1	124	26.1	18	3.8	5	1.1	476	100.0
Community involvement	41	8.6	86	18.1	344	72.3	5	1.1.	476	100.0

TABLE 16

TYPE OF IMPAIRED CONVICTION

	Frequency	Percent
Impaired Driving (c.c. 234)	53	11.1
Refuse breathe (c.c. 235)	27	5.7
Exceeding .08 (c.c. 236)	382	80.3
Not Stated	14	2.9
Total	476	100.0

TABLE 17

BLOOD ALCOHOL LEVEL

	Frequency	Percent
Under .20	176	52.9
.20 - .29	142	42.6
.30 and over	15	4.5
Not Stated	-	-
Total	333	100.0

$\bar{X} = 0.20$

TABLE 18

PROBATION ORDER FOR FOLLOW-UP

	Frequency	Percent
No	133	27.9
Yes	337	70.8
Not Stated	6	1.3
Total	476	100.0

TABLE 19

CONCURRENT CONVICTIONS

	Frequency	Percent
No	294	61.8
Yes	170	35.7
Not Stated	12	2.5
Total	476	100.0

TABLE 20

TOTAL NUMBER OF IMPAIRED DRIVING CONVICTIONS IN PREVIOUS TWO YEARS

	Frequency	Percent
1	56	11.8
2	275	57.8
3	107	22.6
4 or more	29	6.1
Not Stated	9	1.9
Total	476	100.0

TABLE 21

OTHER OFFENCE ARRESTS IN PREVIOUS TWO YEARS

	Previous Arrests		No Previous Arrests		Not Stated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Hit and Run	19	4.0	457	96.0	--	--	476	100.0
Dangerous Driving	37	7.8	439	92.2	--	--	476	100.0
Driving While Disqualified	226	47.5	250	52.5	--	--	476	100.0
Assault	23	4.8	453	95.2	--	--	476	100.0
Theft	38	8.0	438	92.0	--	--	476	100.0
Liquor/Licensing Act	191	40.1	285	59.9	--	--	476	100.0
Other	57	12.0	419	88.0	--	--	476	100.0

Hit and Run	$\bar{X}$ 1
Dangerous Driving	$\bar{X}$ 1
Driving while Disqualified	$\bar{X}$ 2
Assault	$\bar{X}$ 1
Theft	$\bar{X}$ 2
Liquor/Licensing Act	$\bar{X}$ 3
Other	$\bar{X}$ 2

TABLE 22

TOTAL NUMBER OF DAYS SPENT IN JAIL DURING THE PAST TWO YEARS FOR ALL OFFENCES

	Frequency	Percent
No time	177	37.2
Less than 1 month	187	39.3
1-2 months	39	8.2
2-3 months	18	3.8
More than 3 months	55	11.6
Not Stated	--	--
Total	476	100.0

TABLE 23

PREVIOUS ADMISSIONS TO TREATMENT PROGRAMS FOR ALCOHOLISM

	Frequency	Percent
No previous admission	321	67.4
Previous admissions	154	32.4
Not Stated	1	0.2
Total	476	100.0

TABLE 24

NUMBER OF A.A. MEETINGS ATTENDED IN PAST SIX MONTHS

	Frequency	Percent
No previous attendance	313	65.8
Previous attendance	162	34.0
Not Stated	1	0.2
Total	476	100.0

TABLE 25

DRINKING STATUS (Within last 30 days)

	Frequency	Percent
Abstinent	175	36.8
Drank alcohol	262	55.0
Not applicable	34	7.1
Not Stated	5	1.1
Total	476	100.0

TABLE 26

BEVERAGE CHOICE

	Frequency	Percent
Beer	324	68.1
Wine	18	3.8
Spirits	129	27.1
Not Stated	5	1.1
Total	476	100.0

TABLE 27

TYPICAL FREQUENCY OF DRINKING

	Frequency	Percent
Daily	89	18.7
3-4 days per week	92	19.3
Weekends	196	41.2
Semi-monthly	76	16.0
Less than monthly	16	3.4
Not Stated	7	1.5
Total	476	100.0

TABLE 28

CONSUMPTION PATTERN

	Frequency	Percent	$\bar{X}$(in drinks)
Daily drinkers	188	39.5	17
Weekly drinkers	205	43.1	35
Monthly drinkers	51	10.7	61
Occasional drinkers	25	5.3	28
Not Stated	7	1.5	
Total	476	100.0	

TABLE 29

EXCESSIVE DRINKING IN PAST SIX MONTHS

	Frequency	Percent
None	22	4.6
1	20	4.2
2 or more	433	91.0
Not Stated	1	0.2
Total	476	100.0

TABLE 30

EFFECTS FROM DRINKING IN THE PAST SIX MONTHS

	No Effects		Effects		Not Stated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Blackouts	125	26.3	346	72.7	5	1.1	476	100.0
Morning Drinking	254	53.4	218	45.8	4	0.8	476	100.0
Tremors	220	46.2	250	52.5	6	1.3	476	100.0
Loss of Control	58	12.2	413	86.8	5	1.1.	476	100.0
Usually Drinking Alone	352	74.0	115	24.2	9	1.9	476	100.0

TABLE 31

DRUGS TAKEN IN PAST SIX MONTHS

	No		Yes		Not Stated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Tranquilizers	429	90.1	42	8.8	5	1.1	476	100.0
Sedative/hypnotics	419	88.0	52	10.9	5	1.1	476	100.0
Stimulants/Anti-depressants	448	94.1	22	4.6	6	1.3	476	100.0
Analgesics/narcotics	393	82.6	77	16.2	6	1.3	476	100.0
Anti-convulsants	456	95.8	14	2.9	6	1.3	476	100.0
Marijuana/hashish	303	63.7	170	35.7	3	0.6	476	100.0
L.S.D.	447	93.9	22	4.6	7	1.5	476	100.0
Other psychedelics	453	95.2	16	3.4	7	1.5	476	100.0
Solvents/inhalants	463	97.3	5	1.1.	8	1.7	476	100.0
Other (excluding over-the-counter medicines	453	95.2	14	2.9	9	1.9	476	100.0

TABLE 32

DISPOSITION OF CASE

	Frequency	Percent
Completed	472	99.2
Discharged prematurely (voluntary)	--	--
Discharged prematurely (involuntary)	1	0.2
Not Stated	3	0.6
Total	476	100.0

TABLE 33

IMPAIRED DRIVING CONVICTIONS

	Initial Contact		Six Month Follow-up	
	Freq.	%	Freq.	%
No convictions	0	0	316	96.9
1 conviction	38	11.7	9	2.8
2 or more convictions	281	86.2	1	0.3
Not Stated	7	--	-	--
Total	326	100.0	326	100.0

TABLE 34

NUMBER OF ARREST/OUTSTANDING CHARGES FOR OFFENCES

HIT AND RUN

	Arrests Freq.	%	No Arrests Freq.	%	Not Stated Freq.	%	Total Freq.	%
Initial Contact $\bar{X}$ 1	11	3.4	315	96.6	--	--	326	100.0
Six Month Follow-Up $\bar{X}$ 1	1	0.3	325	99.7	--	--	326	100.0

DANGEROUS DRIVING

	Arrests Freq.	%	No Arrests Freq.	%	Not Stated Freq.	%	Total Freq.	%
Initial Contact $\bar{X}$ 1	22	6.7	304	93.3	--	--	326	100.0
Six month Follow-up $\bar{X}$ 0	-	--	326	100.0	--	--	326	100.0

DRIVING WHILE DISQUALIFIED

	Arrests Freq.	%	No Arrests Freq.	%	Not Stated Freq.	%	Total Freq.	%
Initial Contact $\bar{X}$ 2	154	47.2	172	52.8	--	--	326	100.0
Six month follow-up $\bar{X}$ 1	14	4.3	312	95.7	--	--	326	100.0

TABLE 34 (cont)

ASSAULT

	Arrests Freq.	%	No Arrests Freq.	%	Not Stated Freq.	%	Total Freq.	%
Initial Contact $\bar{X}$ 1	14	4.3	312	95.7	--	--	326	100.0
Six month Follow-up $\bar{X}$ 2	1	0.3	325	99.7	--	--	326	100.0

THEFT

	Arrests Freq.	%	No Arrests Freq.	%	Not Stated Freq.	%	Total Freq.	%
Initial Contact $\bar{X}$ 2	29	8.9	297	91.1	--	--	326	100.0
Six month Follow-up $\bar{X}$ 1	4	1.2	322	98.8	--	--	326	100.0

LIQUOR/LICENSING ACT

	Arrests Freq.	%	No Arrests Freq.	%	Not Stated Freq.	%	Total Freq.	%
Initial Contact $\bar{X}$ 3	134	41.1	192	58.9	--	--	326	100.0
Six month Follow-up $\bar{X}$ 1	9	2.8	317	97.2	--	--	326	100.0

OTHER

	Arrests Freq.	%	No Arrests Freq.	%	Not Stated Freq.	%	Total Freq.	%
Initial Contact $\bar{X}$ 2	40	12.3	286	87.7	--	--	326	100.0
Six month Follow-up $\bar{X}$ 1	17	5.1	309	94.8	--	--	326	100.0

TABLE 35

CLIENTS WHICH HAD A DRINK SINCE DISCHARGE

	Frequency	Percent
No	99	30.4
Yes	126	38.6
Not Stated	101	31.0
Total	326	100.0

TABLE 36

CONSUMPTION PATTERN

	Initial Contact			Six Month Follow-Up		
	Freq.	%	$\bar{X}$ (drinks)	Freq.	%	$\bar{X}$ (drinks)
Daily Drinkers	137	42.8	16	12	11.5	7
Weekly Drinkers	128	40.0	35	29	27.9	19
Monthly Drinkers	38	11.9	58	24	23.1	17
Occasional Drinkers	17	5.3	17	39	37.5	9
Total	320	100.0		104	100.0	

TABLE 37

CLIENTS WHO EXPERIENCE EXCESSIVE DRINKING

	Initial Contact		Six month Follow-Up	
	Freq.	%	Freq.	%
Clients who experienced excessive drinking	314	96.3	68	20.9
Clients who did not experience excessive drinking	11	3.4	258	79.1
Not Stated	1	0.3	--	--
Total	326	100.0	326	100.0

$\bar{X} = 27$ $\bar{X} = 7$